



**TRANSGENDER / INTERSEX PLACEMENT REVIEW**  
State Form 56615 (R4 / 8-22)  
DEPARTMENT OF CORRECTION

Name of incarcerated individual <b>Jonathan Richardson</b>		DOC number <b>127630</b>	Date of birth (month, day, year) <b>[REDACTED]</b>
Facility <b>Correctional Industrial Facility</b>	Date of Identification / Diagnosis (month, day, year) <b>10-01-2019</b>	Date of review (month, day, year) <b>8-22-2022</b>	

CLASSIFICATION INFORMATION			
Classification designation <b>2-I-G-A-B-D</b>	Credit class <b>1</b>	EPRD (month, day, year) <b>12-16-2027</b>	History Violence Offense / Commitment Period <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Monitoring Status Category: <b>A</b>	Other Flags: <b>ZACHARY VIOLENT OFFEND</b>	Security Threat Group (STG) affiliation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, group
Physical Health / Behavioral Health - Diagnosis of Gender Dysphoria <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Yes <input type="checkbox"/> No		Physical Health / Behavioral Health - Diagnosis of Intersex <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
State Form 56492, Transgender Evaluation, attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		PREA Report History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Incarcerated individual's preference <input type="checkbox"/> Male Facility <input checked="" type="checkbox"/> Female Facility		Incarcerated individual's facility preference statement: <b>Jonathan Richardson "feels" like she would be more comfortable at a female facility.</b>	
Sexual Violence Assessment Tool (SVAT) attached <input checked="" type="checkbox"/> Victim Likely <input type="checkbox"/> Abuser Likely <input type="checkbox"/> Both <input type="checkbox"/> No Flag			

CRIMINAL HISTORY			
Date	Conviction Charge	Sentence	Description
10-10-2002	MURDER	55 YEARS	

CONDUCT HISTORY	
Institutional Conduct History	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, attach conduct summary report from OIS
Conduct Summary Last 5 Years: ____ Class A ____ Class B ____ Class C <u>1</u> Class D	

Any Other Factors Impacting the Incarcerated Individual's Health / Safety or Management / Security
Psychiatric History, Violence, Suicide Attempt History

**Committee Review**  
Part of State Form 68816 (R4 / 6-22)  
DEPARTMENT OF CORRECTION

Facility Transgender Review Committee		
Recommendation: <input checked="" type="checkbox"/> Male Facility <input type="checkbox"/> Female Facility		
Comments Due to Johnathan Richardson's prior history in this facility with no PREA events, the violent conviction of Murder, and her overall safety in this prison, we have decided at this time, Johnathan Richardson is safe at this facility.		
Signature of PREA Compliance Manager 	Printed name Alison Yonckin	Date (month, day, year) 9-28-22
Signature of Warden 	Printed name Charlie Fox	Date (month, day, year) 9/28/22

CENTRAL OFFICE REVIEW / RECOMMENDATION		
Comments Recent BtH evaluations indicate Richardson has made progress and is currently stable. Richardson reported feeling safe at CTF on Bi-Annual transgender review meetings. Contrary to Richardson's preference statement for this review. Recommend remain at male facility due to nature of current charges and current stability.		
Central Office recommendation <input checked="" type="checkbox"/> Male Facility <input type="checkbox"/> Female Facility		
Signature 	Printed name Bryan Pearson	Date (month, day, year) 11/3/22
Signature 	Printed name Jack Hendrix	Date (month, day, year) 11-3-22
Signature 	Printed name John Mather	Date (month, day, year) 11/3/22
Signature Deanna Dwenger, PsyD, HSPP	Printed name Deanna Dwenger, PsyD, HSPP	Date (month, day, year) 11/3/22
Signature 	Printed name Frank Vanhel	Date (month, day, year) 11/3/22
Signature 	Printed name Andy Dungan	Date (month, day, year) 11/3/22
Signature Julie Lanham	Printed name Julie LANHAM	Date (month, day, year) 11/9/22

DEPUTY COMMISSIONER APPROVAL	
Facility placement decision <input checked="" type="checkbox"/> Male Facility <input type="checkbox"/> Female Facility	
Signature 	Date (month, day, year) 11/14/2022

Page 2 of 2  
Confidential Record

Distribution List Facility Packet-Confidential Section

**Date:** 8-22-2022

**Subject:** Transgender/Intersex Placement Review

**Attendees:**

Andrew Cole, Deputy Warden

Richard Gale, Lead Psychologist

Alison Yancey, Unit Team Manager/PREA Coordinator

Gabrielle Adney, Caseworker

Chad Evans, Unit Team Manager

Curtis Duncan, Casework Manager

Aapri Clemons, Unit Team Manager

Timothy Bodkin, Lieutenant

On July 28<sup>th</sup>, 2022, a PREA committee meeting was held. The subject of the meeting was a request made by Jonathan Richardson 127630 to be transferred to a female facility.

Background on Jonathan Richardson 127630:

Richardson, Jonathan 127630 has been incarcerated in this facility since 5-8-2014.

EPRD is 12-16-2027

Richardson has been transitioning to a female for about 3 years.

She states that she would "feel" more comfortable living at a female facility. She states she has been propositioned many times over the last years since she has been taking hormones. She states that the males do not like her reply when she tells them "No". Ultimately, she is afraid of being raped. She states that she knows we will do everything we can "after the fact" but this makes her afraid.

The committee spoke at length with Richardson, and ultimately, she wants to be around other women like herself. She feels that there is too much masculinity in this prison. She thinks this will be good for her mental stability.

The committee listened to Richardson and what she had to say, we think she has been at this facility since 2014 and she is stable in her environment. Richardson has been at

this facility about 8 years. She has less than 5 years left. Richardson is known by staff who know her background and aware to be alert to her situation as we do for all the individuals in this facility. Staff know who Richardson is and this benefits her in this environment. It was our consensus that Jonathon Richardson 127630 needs to remain at this facility.

## Transgender/Intersex Facility Placement

### Incarcerated Individual Statement

You have identified as transgender or have been diagnosed as Intersex. The IDOC is going to review your current facility placement based on the Prison Rape Elimination standard 115.42 (e). As part of that review, please provide the Facility Transgender Committee a written statement regarding:

- What gender of facility do you prefer?
- Why do you want or feel the need to move?
- What accommodations would you like IDOC to consider to assist in making you feel affirmed?
- Any other information you feel the committee should know about you.

I'm a Transwoman who prefers to be housed in a female facility. I  
feel that I would be less likely to be raped in a female facility, that  
I would be subjected to less physical violence against my person, that I  
can further stabilize and maintain my Gender Dysphoria Mental health issues  
by being around other women as the male facility is a Toxic environment of masculinity, and  
In a male facility I am bombarded with propositions for sex and looming  
violence if refused; I <sup>have been</sup> degraded, threatened, physically assaulted, raped on more  
than one occasion during my incarceration. I would feel more affirmed if transferred  
to a female facility, my female Pronouns and name are used by IDOC and their staff;  
some support group for LGBTQAI2S+ was provided ~~previously~~ I've been incarcerated  
almost 22 years and have had to live as a "Male" for my own safety, now that I  
am living my true self, as the woman I am; It won't be if I'm assaulted, it will be when.

Incarcerated Individual Signature: 

Printed Name: Jonathan Richardson

"Autumn Evangeline Cordellione"

DOC #: 127630

Confidential Record

18B

## Transgender/Intersex Bi-Annual Review

In accordance with policy 02-01-115 Sexual Abuse Prevention and PREA standard 115.42 (d) that states "placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate." This requires a meeting with all offenders that identify as transgender or are diagnosed as intersex every 6 months after their arrival at the facility. Document the offender's answer to the questions and the changes in housing or program assignment made as a result of the review.

Offender Name: Jonathan Richardson DOC#: 177630 Facility:

Date of Review Meeting: 7/26/22 Facility Intake Date: 5-9-2014

Discuss the following questions with the offender to determine if there are any concerns with safety:

### Work/Program Assignment:

Does the offender feel any threats to safety in the current work/program assignment? Y/N N

If yes, provide offender's statement? \_\_\_\_\_

### Housing Assignment:

Does the offender feel any threats to safety with the current housing assignment? Y/N \_\_\_\_\_

If yes, provide offender's statement? To A Degree

### Showers:

Is the offender showering separate from the rest of the population? Y/N NO

Does the offender feel any threats to safety with the current shower arrangement? Y/N Y

If yes, provide offender's statement? other offenders in Bathroom

### Other Safety Concerns:

Does the offender have any other concerns with threats to safety? Y/N Y

If yes, describe offender's concerns? That Because I wear make-up that I want

What changes were made based on the review? shower at count time. a stranger a sexual relation

Offender Signature: \_\_\_\_\_

Staff Signature: \_\_\_\_\_

CONFIDENTIAL RECORD

## Adult SVAT Questionnaire

Offender Name: JONATHAN Richardson OC#: 127630 Date: 7-28-22

Explain to the offender that responses are Confidential and not required.

1. Have you ever been a victim of sexual abuse in a correctional institution?  
yes
2. Have you ever been a victim of sexual abuse outside of a correctional institution in the community?  
yes
3. Do you identify as Lesbian, Gay, or Bisexual? (Sexual Orientation)  
Bi-Sexual
4. Do you identify as Transgender? (Gender Identity)  
yes
5. Have you ever been diagnosed by a Doctor as Intersex?  
NO
6. Have you been diagnosed with a mental, physical or developmental disability?  
Right hand -
7. Do you have concerns about being vulnerable to sexual abuse during incarceration?  
yes
8. Is this your first incarceration in a detention/correctional facility?  
yes
9. Have you ever been a perpetrator of sexual abuse of another offender while incarcerated?  
NO

Staff must interview the offender and write their answers on this form. These questions are to be used to complete the SVAT in conjunction with the offender record.

File in Confidential Offender Record

revised 2/2020

STATE002983

## Sexual Violence Assessment Tool

### ADULT

Information to complete this assessment should be gathered from the Offender Record, court documents, medical/mental health screenings, and an interview with the Offender using the SVAT Questionnaire. Complete both sections as it is possible to flag for both.

Name:

DOC #:

Arrival date & time:

#### Potential Victim Factors

- |   |   |
|---|---|
| 1. Prior Victim of sexual abuse during an incarceration?                | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2. Prior Victim of sexual abuse in the community?                       | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. Identifies as or perceived to be LGBTI or Gender Non-Conforming?     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 4. Youthful age under 21 or elderly over 65? 40                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. Conviction for sex offense against a child or adult?                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 6. Small Stature/Build that would appear to be vulnerable?              | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 7. Current Developmental Disability/Mental Illness( MH code D, E, F)? D | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 8. Physical Disability (disability code B,C,D)?                         | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 9. Offender has concerns about vulnerability to sexual abuse?           | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 10. First time in a correctional facility?                              | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 11. Criminal history non-violent only?                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Flag as Likely PREA Victim in OIS if yes to #1 or yes to 6 or more in factors 2-11.

#### Potential Aggressor Factors

- |  |   |
|--|---|
| 1. Perpetrator of sexual abuse during incarceration?     | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 2. Conviction for sex offense against adult?             | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. Prior or current conviction for violent offense?      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 4. History of Assaultive Conduct in DOC in past 5 years? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 5. Institutional Conduct history for sexual behavior?    | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

Flag as Likely PREA Aggressor in OIS if yes to #1 or yes to 3 or more in factors 2-5.



Assessment Type: ☐ Intake ☐ Transfer ☐ Annual Review ☒ Reassessment

Offender PREA Flag: ☒ Likely Victim ☐ Likely Aggressor ☐ No Flag

Staff Signature: AB. Vancley

Printed name: AB. Vancley

Date and Time Completed: 2-28-22 1:41pm

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**Assessment Review:** The assessment must be reviewed within 30 days of Intake/transfer. As part of the review, the offender must be asked:

1. Have you ever been a victim of sexual abuse in a correctional institution? Yes ☐ No ☐
2. Have you ever been a victim of sexual abuse in the community? Yes ☐ No ☐
3. Do you fear you may be vulnerable to sexual abuse? Yes ☐ No ☐
4. Do you identify as or are perceived to be LGBTI or Gender Non-conforming? Yes ☐ No ☐

Has new information been received that changes an answer on any risk factor since the last assessment? Yes ☐ No ☐

If the answer changes on any factor from the Intake/transfer SVAT, complete a new SVAT and update the PREA flag in OIS if the outcome changes.

Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Copy: Offender Confidential Record

Revised 2/2020



**TRANSGENDER EVALUATION**  
State Form 38492 (R / 12-18)  
INDIANA DEPARTMENT OF CORRECTION

Name of offender <b>Jonathan Richardson</b>		DOC Number <b>127630</b>	Date (month, day, year) <b>9/24/2019</b>
Facility <b>Correctional Industrial Facility</b>	Housing Unit <b>E Unit</b>	Birth Assigned Gender <b>Male</b>	Self-Identified Gender <b>Transgender Female</b>

MENTAL HEALTH EVALUATION	
Is there evidence of a strong and persistent cross-gender identification, which is the desire to be, or the insistence that one is, of the other gender? This cross-gender identification must not merely be a desire for any perceived cultural advantages of being the other gender. The offender expresses a strong desire to be female at this time. This was initially disclosed in July, and the persistence of this identification is not yet established. The offender asserts that it has been present and consistent for years.	
Is there evidence of persistent discomfort about one's assigned gender or a sense of inappropriateness in the gender role of that gender? The offender makes these claims, but it is not yet clear how prominent or persistent the discomfort is. The off. claims that other well-documented psychological issues (insecurity, depression, acting out, serious self-harm, etc.) are related to previously undisclosed gender dysphoria.	
In the opinion of the Mental Health Practitioner, are there any characteristics, mannerisms, gestures, verbal cues that possibly would identify this offender as transgender and at risk for sexual exploitation? None identified at this time. Off. has begun to share transgender identity with other offenders, but does not present as particularly feminine in the opinion of the psychologist.	
A suicide risk assessment and victimization assessment shall be performed on separate documents in accordance with Department Health Care Services Directives.	

MEDICAL EVALUATION	
Does the offender verbalize the offender's gender identification as different from the assigned birth gender? <b>Yes. (as of 10/6/19)</b>	
Does the offender provide a history of taking cross-sex hormones or having undergone sex reassignment surgery? Name of Treating Prescriber? <b>NO.</b>	
Are there tattoos or body markings suggesting gender identification other than the birth-assigned gender? <b>Female figures, Female genitals.</b>	
Is the breast tissue consistent with the age of the birth-assigned gender? Do the breast areas present surgical scars? <b>No.</b>	
Is there a normally shaped vulva and vagina present in a birth-assigned female or is there evidence of a surgical alteration of the female genitalia? Is there a usual penile area or a surgically constructed penis? <b>NO</b>	
Is there a normally shaped penis and scrotum with testicular tissue present in a birth-assigned male or is there evidence of a surgical alteration of the male genitalia? Is there usual vaginal area or a surgically constructed vaginal opening? <b>Yes</b>	
In the opinion of the medical provider, are there any characteristics, mannerisms, gestures, verbal cues that possibly would identify this offender as transgender and at risk for sexual exploitation? <b>NO</b>	
Is there any suggestion of an adverse reaction to cross-sex hormone treatments such as acne, edema, hirsutism, breast or testicular atrophy? <b>NO.</b>	
Diagnosis of Gender Dysphoria? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>I am not sure from today's evaluation</b>	

TREATMENT SUMMARY		
At this time, the offender has only recently disclosed a transgender identity and is seeking validation of identified gender by way of being allowed feminine clothing options and undergarments, special consideration in matters concerning housing and other accommodations, and medical intervention including gender-affirming hormone therapy. A gender dysphoria evaluation with a psychologist will be scheduled as the next step in determining whether a diagnosis of gender dysphoria is appropriate.		
Signature of Mental Health Provider <b>[Signature]</b>	Printed Name of Mental Health Provider <b>Richard J. Gale, Psy.D., HSPP</b>	Date (month, day, year) <b>9/24/2019</b>
Signature of Medical Provider <b>[Signature]</b>	Printed Name of Medical Provider <b>Yoko Savino, DO</b>	Date (month, day, year) <b>10/6/19</b>

DISTRIBUTION: Offender Medical Packet, PREA Compliance Manager, Director of Health Services

Name: RICHARDSON, JONATHAN

DOB: 07/21/1982

Date: 09/28/2020

STATE002986

13:41:09 Thursday, July 21, 2022

OIFICND5 \* INQUIRY \* OFFENDER INFORMATION SYSTEM  
PAGE 01 CONDUCT SUMMARY

07/21/22 13:40:42  
USER: CIUA92 STEP MODE

DOC NUMBER: 127630 NAME: RICHARDSON, JONATHAN C.

LOC: CIC

\*\*\*> NEXT CRD CLASS REVIEW 00 00 0000 <\*\*\*

R=REC

HEARING  
S DATE OFFENSE  
CODE/DESCRIPTION

DISPOSITION /E=ENF

07 02 2020 D 465  
VIOLATING A FACILITY RULE

WRITTEN REPRIMAN /E

02 09 2015 C 353  
UNAUTHORIZED POSSESSION OF PROPERTY

WRITTEN REPRIMAN /E  
EXTRA WORK /E

06 04 2010 B 222  
ARSON

WRITTEN REPRIMAN /E  
PRIVILEGES LOST /E  
RESTITUTION /E

12 10 2009 B 233  
BRIBING/GIVING

WRITTEN REPRIMAN /E  
PRIVILEGES LOST /S

NEXT RESPONSE: RESPONSE VALUE:

DC908034 FIRST PAGE OF DATA DISPLAYED - PRESS PF8 TO GO FORWARD

PF4-INQUIRY PF9-CONDUCT DETAIL PF10-CCR/PRT HEARING PF11-CONDUCT PENDING

13:41:16 Thursday, July 21, 2022

OIFICND5 \* INQUIRY \* OFFENDER INFORMATION SYSTEM  
PAGE 02 CONDUCT SUMMARY

07/21/22 13:41:12  
USER: CIUA92 STEP MODE

DOC NUMBER: 127630 NAME: RICHARDSON, JONATHAN C.  
\*\*\*> NEXT CRD CLASS REVIEW 00 00 0000 <\*\*\*

LOC: CIC  
R=REC  
/S=SUS  
/E=ENF

S	HEARING DATE	OFFENSE CODE/DESCRIPTION	DISPOSITION
	08 16 2005	CC REVIEW EFFECTIVE DATE: 08 16 2005	PROMOTE TO CC 1
	02 16 2005	A 102 BATTERY AGAINST OFFENDER	SEGREGATION / DEMOTE TO CC 2 /
	10 05 2004	C 347 REFUSING AN ORDER	WRITTEN REPRIMAN /E
	12 29 2003	CC REVIEW EFFECTIVE DATE: 12 18 2003	PROMOTE TO CC 1
	08 22 2003	B 231 INTOXICATING SUBSTANCE	SEGREGATION /S DEMOTE TO CC 2 /

NEXT RESPONSE: RESPONSE VALUE:  
DC901010 MORE PAGES TO DISPLAY - PRESS PF7/PF8 TO CONTINUE  
PF4-INQUIRY PF9-CONDUCT DETAIL PF10-CCR/PRT HEARING PF11-CONDUCT PENDING

13:41:20 Thursday, July 21, 2022

OIFICND5 \* INQUIRY \* OFFENDER INFORMATION SYSTEM  
PAGE 03 CONDUCT SUMMARY

07/21/22 13:41:17  
USER: CIUA92 STEP MODE

DOC NUMBER: 127630 NAME: RICHARDSON, JONATHAN C.

LOC: CIC

\*\*\*> NEXT CRD CLASS REVIEW 00 00 0000 <\*\*\*

R=REC

HEARING

OFFENSE

/S=SUS

S

DATE

CODE/DESCRIPTION

DISPOSITION

/E=ENF

05 12 2003 D 465  
VIOLATING A FACILITY RULE

WRITTEN REPRIMAN /E

04 23 2003 C 344  
MISUSE OF MEDICATION

PRIVILEGES LOST /S

03 03 2003 D 465  
VIOLATING A FACILITY RULE

WRITTEN REFRIMAN /

NEXT RESPONSE:

RESPONSE VALUE:

DC901000 LAST PAGE OF DATA DISPLAYED - PRESS PF7 TO GO BACKWARD

PF4-INQUIRY PF9-CONDUCT DETAIL PF10-CCR/PRT HEARING PF11-CONDUCT PENDING

On 10-19-2022, I Alison Yancey was talking to 127630 Jonathon Richardson about his request to transfer to a female facility. I ask him if he had ever documented abuse at any of his facilities and he stated "no". Jonathon Richardson then proceeded to tell me of three different facilities and the sexual abuse that had occurred.

In 2005, Richardson stated that an inmate nicknamed "Big Panties" was his cellmate. The offender named only as "Mike" had according to Richardson, raped him several times. Richardson stated that his was tired of the sexual abuse and stabbed his cellmate (what I found out to be Michael Bailey 106704). This was reported to the Warden of Pendleton Correctional Facility for investigation in 2022. This was all the information Richardson reported.

In 2008, while at Wabash Valley, Richardson said he was in "F" dorm and was gang raped by 3 offenders. One was the "block leader". He stated that he got heavy on medication after that. Richardson had nothing else to report. This was reported to the Warden for investigation in 2022.

In 2016, Richardson stated that he was forced to have oral and anal sex with 4 different offenders. Richardson stated that he did not know names, only that the offenders belonged to the 2-1 STG group. Richardson said that he performed oral and anal sex with two offenders once and two offenders twice. He did not have any more information. This report was investigated in 2022.

# 1389

**REPORT OF CONDUCT**

State Form 39590 (R3/4-94)

**INDIANA DEPARTMENT OF CORRECTION**

Case number

ISR 05-02-0092

Date assigned

2-10-05

**INSTRUCTIONS:** Type or Print clearly

**NOTE TO REPORTING EMPLOYEE:** This report is to be filled out in triplicate. All copies shall be forwarded to the screening officer, in accordance with the Disciplinary Code for Adult Offenders.

Name of offender	RICHARDSON, JONATHAN		Offender's DOC number	# 127630	Facility	PCF/ISR	Housing unit	In-1-8
Date and time of incident	2/02/05	1900 PM	Place of incident	I-Complex /B-2 Housing Area		2/09/05		Report written
Offense	Committing battery upon another with a weapon						#102	Offense number
<b>DESCRIPTION OF INCIDENT</b> (If more space is needed attach additional sheets in triplicate)								
<p>The Office of Internal Affairs was directed to investigate allegations of an assault upon an offender in I-Complex. The incident occurred between cell mates, and information collected indicated OFFENDER RICHARDSON attacked his cell mate with a handmade shank type weapon causing superficial injuries because he heard voices which told him to do so. OFFENDER RICHARDSON refused to make a statement and was moved to the Inf. Housing area. The victim stated they had been cell mates for a week to ten days and he had had a conversation with OFFENDER RICHARDSON about his chanting and speaking with the devil, his pacing and rocking back and forth and OFFENDER RICHARDSON told him the voices told him to do it. OFFENDER RICHARDSON was scheduled to be moved out of the cell, but the incident occurred before the move took place. Confidential information is contained within Confidential Case file #05-02-010</p>								

Disposition of physical evidence, if any

Witness(es), if any

Signature of reporting employee

Name and title (please print)

Mike Rains I.A.

Screening officer

#2204

**FOR SCREENING OFFICERS ONLY**

Copy of report delivered to offender by:

Date report delivered (month day year)

Signature of offender receiving copy

Note here if offender refuses to sign

BEHIND HRL DOR

DISTRIBUTION: White -Offender; Canary - Central Office; Pink - Facility Packet

STATE002991

## 03-NOV-22



**Richardson Location history.**

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OIFILOC3 * INQUIRY * OFFENDER INFORMATION SYSTEM 11/02/22 12:51:17
PAGE 01 LOCATION HISTORY - FACILITY USER: COA682 STEP MODE

DOC NUMBER: 127630 NAME: RICHARDSON, JONATHAN C. LOC: CIC

NEXT RESPONSE: ■ RESPONSE VALUE:
DC901010 MORE PAGES TO DISPLAY - PRESS PF7/PF8 TO CONTINUE
PF4-INQUIRE PF9-LOCBED PF10-LOCATN PF11-LOCTEMP PF12-LOCCOA PF14-LOCCOJ
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OIFILOC2 * INQUIRY * OFFENDER INFORMATION SYSTEM 11/02/22 12:56:36
PAGE 08 LOCATION HISTORY - BEDS USER: COA682 STEP MODE

DOC NUMBER: 127630 NAME: RICHARDSON, JONATHAN C. LOC: CIC

NEXT RESPONSE: ■ RESPONSE VALUE:
DC901010 MORE PAGES TO DISPLAY - PRESS PF7/PF8 TO CONTINUE
PF4-INQUIRE PF9-LOCFAC PF10-LOCATN PF11-LOCTEMP
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**Richardson was not in FHU in 2008 as reported. Richardson was in FHU in 2006 for 5 months.**